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HOUSE BILL 970

48TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2007

INTRODUCED BY

Roberto "Bobby" J. Gonzales

RELATING TO INSURANCE; ENACTING THE PROFESSIONAL MEDICAL LIABILITY INSURANCE ACT; LIMITING AWARDS FOR HEALTH CARE LIABILITY CLAIMS TO PROVIDE GREATER AVAILABILITY OF PROFESSIONAL MEDICAL LIABILITY INSURANCE; AMENDING AND ENACTING SECTIONS OF THE NMSA 1978.

AN ACT

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. A new Section 41-14-1 NMSA 1978 is enacted to read:

"41-14-1. [NEW MATERIAL] SHORT TITLE. -- Chapter 41, Article 14 NMSA 1978 may be cited as the "Professional Medical Liability Insurance Act"."

Section 2. A new Section 41-14-2 NMSA 1978 is enacted to read:

"41-14-2. [NEW MATERIAL] PURPOSE OF ACT.--The purpose of .165651.1

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the Professional Medical Liability Insurance Act is to promote the health and welfare of the people of New Mexico by making available professional liability insurance for health care providers in New Mexico."

Section 3. A new Section 41-14-3 NMSA 1978 is enacted to read:

"41-14-3. [NEW MATERIAL] DEFINITIONS.--As used in the Professional Medical Liability Insurance Act:

"affiliate" means a person that, directly or indirectly through one or more intermediaries, controls, is controlled by or is under the common control of or is under common ownership with a specified person or entity, including a direct parent or subsidiary;

- "claimant" means a person, including a decedent's estate, seeking or that has sought recovery of damages in a health care liability claim; provided that all persons claiming to have sustained damages as the result of injury to or the death of the same person, regardless of the theory of liability, are considered a single claimant for purposes of the Professional Medical Liability Insurance Act;
- C. "control" means to possess, directly or indirectly, the power to direct or cause the direction of the management and policies of a person, whether through ownership of equity or securities, by contract or otherwise;
- "court" means a federal or state court; .165651.1

1	E. "economic damages" means compensatory damages
2	intended to compensate a claimant for actual economic or
3	pecuniary loss, including the expenses of necessary health care
4	received before judgment or estimated for the future for
5	treatment of an injury; "economic damages" does not include
6	exemplary damages or noneconomic damages;
7	F. "exemplary damages" means damages awarded as a
8	penalty or by way of punishment but not as economic damages or
9	noneconomic damages; "exemplary damages" includes punitive
10	damages;
11	G. "future damages" means damages that are incurred
12	after the date of judgment for:
13	(1) medical, health care or custodial care
14	services;
15	(2) physical pain and mental anguish,
16	disfigurement or physical impairment;
17	(3) loss of consortium, companionship or
18	society; or
19	(4) loss of earnings;
20	H. "future loss of earnings" means the following
21	losses incurred after the date of the judgment:
22	(1) loss of income, wages or earning capacity
23	and other pecuniary losses; and
24	(2) loss of inheritance;
25	I. "health care" means medical care or an act or

treatment performed or furnished, or that should have been performed or furnished by a health care provider, for, to or on behalf of a patient during the patient's medical care, treatment or confinement;

- J. "health care institution" means an organization or legal entity that provides health care, including an ambulatory surgical center, an assisted living facility, an emergency medical services provider, a home and community-based services waiver program for persons with mental retardation adopted in accordance with Section 1915(c) of the federal Social Security Act, a home and community support services agency, a hospice, a hospital, a hospital system, an intermediate care facility for the mentally retarded, a nursing home or skilled nursing facility, an end stage renal disease facility or other facility defined as a "health facility" in the Public Health Act;
- K. "health care liability claim" means a cause of action against a health care provider for treatment, lack of treatment or other claimed departure from accepted standards of medical care, health care, safety or professional or administrative services directly related to medical care or health care that proximately results in injury to or death of a claimant, whether the claimant's claim or cause of action sounds in tort, contract or other theory of liability, including negligence, negligence per se, negligent hiring, .165651.1

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malpractice, breach of contract, wrongful death, physical or psychological injury, loss of consortium, lack of informed consent, defamation, loss of chance, infliction of emotional distress or unfair trade practice brought pursuant to the Unfair Practices Act:

- "health care professional" means a physician; a L. physician assistant; an osteopathic physician's assistant; a radiation therapy technologist; a nuclear medicine technologist; a radiographer; a naprapathic practitioner; a radiologic technologist; an athletic trainer; a respiratory care practitioner; a registered nurse; a licensed practical nurse; a certified nurse practitioner; a certified nurse anesthetist; a dentist; a dental hygienist; a pharmacist; a nursing home administrator; a psychologist; a nurse assistant or aide; a certified medication aide; an optometrist; a certified nurse-midwife; a physical, occupational or speech therapist or therapy assistant; a speech-language pathologist; or an audiologist;
- "health care provider" means a person licensed, certified, registered or chartered by the state to provide health care, including the following:
 - a health care institution or facility; (1)
 - a health care professional; (2)
- (3) an officer, director, shareholder, member, partner, manager, owner, parent organization, subsidiary or .165651.1

affiliate of a health care provider; and

- (4) an employee, independent contractor or agent of a health care provider acting in the course and scope of the employment of that person or within the scope of a contractual relationship;
- N. "home and community support services agency"
 means a licensed public or provider agency to which the Longterm Care Services Act applies;
- O. "hospice" means a hospice facility or activity regulated by the department of health pursuant to the Public Health Act;
- P. "hospital" means a private or public hospital regulated by the department of health pursuant to the Public Health Act;
- Q. "hospital system" means more than one hospital located in the state that is under the common governance or control of a corporate parent;
- R. "intermediate care facility for the mentally retarded" means an institution regulated by the department of health pursuant to the Public Health Act that provides services to developmentally disabled individuals;
- S. "nominal damages" means a trifling sum awarded when a legal injury is suffered but when there is no substantial loss or injury to be compensated;
- T. "noneconomic damages" means damages awarded for .165651.1

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the purpose of compensating a claimant for physical pain and suffering, mental or emotional pain or anguish, loss of consortium, disfigurement, physical impairment, loss of companionship and society, inconvenience, loss of enjoyment of life, injury to reputation and all other nonpecuniary losses of any kind other than exemplary damages;

- "nursing home" means a licensed public or U. private institution, providing skilled nursing or long-term care services, to which the Public Health Act applies;
- "periodic payments" means the payment of money or its equivalent to the recipient of future damages at defined intervals:
- "pharmacist" means a person licensed pursuant to W. Chapter 61, Article 11 NMSA 1978 who provides services that may subject the health care provider to health care liability claims;
- Χ. "physician" means an individual licensed pursuant to:
 - (1) the Chiropractic Physician Practice Act;
 - the Medical Practice Act; (2)
 - (3) the Podiatry Act; or
 - Chapter 61, Article 10 NMSA 1978; (4)
- Υ. "professional services" means duties or services that a health care provider is required to provide as a condition of maintaining the health care provider's license, .165651.1

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accreditation status or certification to participate in state or federal health care programs; "professional services" includes administrative services;

- "reckless conduct" means the intentional doing of an act with utter indifference to the consequences;
- "representative" means the spouse, parent, AA. guardian, trustee, authorized attorney or other authorized legal agent of the patient or claimant; and
- BB. "willful conduct" means the intentional doing of an act with knowledge that harm may result."
- Section 4. A new Section 41-14-4 NMSA 1978 is enacted to read:
- [NEW MATERIAL] TERMS OF ART--COMMON LAW "41-14-4. MEANING.--The meaning of a term of art used in the Professional Medical Liability Insurance Act and not defined in that act shall be read to have a meaning consistent with its meaning in common law."
- Section 5. A new Section 41-14-5 NMSA 1978 is enacted to read:
- "41-14-5. [NEW MATERIAL] SOVEREIGN IMMUNITY--CONFLICT WITH OTHER LAWS. --
- The Professional Medical Liability Insurance Act does not waive the sovereign immunity of the state as made explicit in the Tort Claims Act. The Tort Claims Act shall control if a conflict arises between the provisions of the .165651.1

Professional Medical Liability Insurance Act and the provisions of the Tort Claims Act.

B. Except in the case of the Tort Claims Act, a conflict arising between the Professional Medical Liability Insurance Act and another act of New Mexico law, the Professional Medical Liability Insurance Act shall control within constitutional limits; provided, however, that the Professional Medical Liability Insurance Act shall not apply to a health care liability claim in which the defendant is a health care provider pursuant to the Medical Malpractice Act and qualifies to receive the benefits of the provisions of the Medical Malpractice Act."

Section 6. A new Section 41-14-6 NMSA 1978 is enacted to read:

"41-14-6. [NEW MATERIAL] PLEADINGS PROHIBITED FROM
STATING DAMAGE AMOUNT CLAIMED--SPECIAL EXCEPTION--EXCLUSION
FROM SECTION.--

- A. Pleadings in an action presenting a health care liability claim shall not specify an amount of money claimed as damages.
- B. A defendant may file a special exception to the pleadings on the grounds that the health care liability claim is not within the court's jurisdiction due to the amount in controversy, in which event the claimant shall inform the court and defendant in writing of the total amount of monetary .165651.1

damages claimed.

C. A party is not prohibited from mentioning the total amount of monetary damages claimed in examining prospective jurors on voir dire or in argument to the court or jury."

Section 7. A new Section 41-14-7 NMSA 1978 is enacted to read:

"41-14-7. [NEW MATERIAL] APPLICATION OF RES IPSA
LOQUITUR.--The common law doctrine of res ipsa loquitur shall
only apply to health care liability claims against health care
providers in those cases to which it has been applied by the
appellate courts of New Mexico as of July 1, 2007."

Section 8. A new Section 41-14-8 NMSA 1978 is enacted to read:

"41-14-8. [NEW MATERIAL] CLAIMS BASED ON VICARIOUS
LIABILITY.--In a health care liability claim brought pursuant
to the Professional Medical Liability Insurance Act in which
the claimant alleges that a health care provider was acting
within the course and scope of the health care provider's
employment for the employer of the health care provider in
delivering the health care at issue in the claim, the claim
shall be brought against the employer and not against the
health care provider who is an employee, unless the employer
denies in a responsive pleading that the employee was acting in
the course and scope of the employee's employment."

Section 9. A new Section 41-14-9 NMSA 1978 is enacted to read:

- "41-14-9. [NEW MATERIAL] NONECONOMIC DAMAGES-LIMITATION--EXCEPTION.--
- A. In an action on a health care liability claim brought pursuant to the Professional Medical Liability
 Insurance Act where final judgment is rendered against one or more health care providers, the aggregate limit of civil liability for noneconomic damages for all health care providers, inclusive of all persons and entities for which vicarious liability theories may apply, shall be limited to an amount not to exceed two hundred fifty thousand dollars (\$250,000) for each claimant.
- B. Subsection A of this section does not apply to the amount of economic damages awarded on a health care liability claim.
- C. The liability of an insurer under a theory of recovery shall not exceed the liability of the insured.
- D. In a health care liability claim that is tried by a jury in a court in New Mexico, the jury shall not be informed of the limitation on noneconomic damages set forth in this section. The judge shall appropriately reduce an award of noneconomic damages that exceeds the limitation."
- Section 10. A new Section 41-14-10 NMSA 1978 is enacted to read:

"41-14-10. [NEW MATERIAL] EXEMPLARY DAMAGES--PROCEDURE
FOR AWARDING--STANDARD OF RECOVERY.--

- A. A determination of whether exemplary damages may be awarded shall be made pursuant to this section and Sections 41-14-11 through 41-14-19 NMSA 1978.
- B. Except as provided Subsection E of this section, exemplary damages may be awarded in an action brought pursuant to the Professional Medical Liability Insurance Act only if the claimant proves by clear and convincing evidence that the harm with respect to which the claimant seeks recovery of exemplary damages results from conduct that is willful, wanton, malicious or reckless.
- C. A jury shall award in an action pursuant to the Professional Medical Liability Insurance Act an amount of exemplary damages based on reason and justice, and determine that the amount of the award is reasonably related to the injury and to damages given as compensation and not disproportionate to the circumstances. Before entering judgment in an action pursuant to the Professional Medical Liability Insurance Act for an award of exemplary damages, the trial court shall ascertain that the award is based on reason and justice, that the amount is reasonably related to the injury and to damages given as compensation. The court shall ascertain that the award for exemplary damages is not disproportionate to the circumstances.

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- D. The burden of proving the elements of Subsection A of this section by clear and convincing evidence may not be shifted to the defendant health care provider or satisfied by evidence of ordinary negligence, gross negligence, bad faith or a deceptive trade practice.
- E. If the claimant relies on a statute establishing a cause of action and authorizing exemplary damages in specified circumstances or in conjunction with a specified culpable mental state, exemplary damages may be awarded only if the claimant proves by clear and convincing evidence that the damages result from the specified circumstances or culpable mental state."
- Section 11. A new Section 41-14-11 NMSA 1978 is enacted to read:
- "41-14-11. [NEW MATERIAL] EXEMPLARY DAMAGES--FACTORS
 PRECLUDING RECOVERY.--
- A. Exemplary damages may be awarded to a claimant pursuant to the Professional Medical Liability Insurance Act only if damages other than nominal damages are awarded, except as provided in Subsection B of this section.
- B. Exemplary damages shall not be awarded to a claimant who elects to have the recovery awarded pursuant to the Medical Liability Insurance Act increased due to an award made pursuant to a provision of law not included in that act."
- Section 12. A new Section 41-14-12 NMSA 1978 is enacted .165651.1

to read:

"41-14-12. [NEW MATERIAL] EXEMPLARY DAMAGES--AWARD SPECIFIC TO DEFENDANT HEALTH CARE PROVIDER.--In an action on a health care liability claim brought pursuant to the Professional Medical Liability Insurance Act in which there are two or more defendant health care providers, an award of exemplary damages shall be specific as to a defendant health care provider, and each defendant health care provider is liable only for the amount of the award made against that defendant."

Section 13. A new Section 41-14-13 NMSA 1978 is enacted to read:

"41-14-13. [NEW MATERIAL] PREJUDGMENT INTEREST--UNIFORM COMMERCIAL CODE PREJUDGMENT INTEREST PROVISIONS NOT APPLICABLE.--Notwithstanding the provisions of Section 56-8-4 NMSA 1978, prejudgment interest shall not be assessed or recovered on an award of exemplary damages."

Section 14. A new Section 41-14-14 NMSA 1978 is enacted to read:

"41-14-14. [NEW MATERIAL] EXEMPLARY DAMAGES--FORMULA FOR RECOVERY.--

A. In an action on a health care liability claim pursuant to the Professional Medical Liability Insurance Act in which a claimant seeks recovery of damages, the trier of fact shall determine the amount of exemplary damages separately from .165651.1

the amount of economic damages.

- B. Exemplary damages awarded against a health care provider may not exceed an amount equal to two times the amount of economic damages, plus an amount equal to any noneconomic damages awarded.
- C. The provisions of this section may not be made known to a jury by any means, including voir dire, introduction into evidence, argument or instruction.
- D. Persons claiming to have sustained damages as the result of injury to or the death of a single person, regardless of the theory of liability, are considered a single claimant for purposes of the Professional Medical Liability Insurance Act to which the formula for recovery of exemplary damages set forth in this section shall apply."

Section 15. A new Section 41-14-15 NMSA 1978 is enacted to read:

"41-14-15. [NEW MATERIAL] BIFURCATED TRIAL.--

- A. On motion by a defendant, the court shall provide for a bifurcated trial. A motion made pursuant to this section shall be made prior to voir dire examination of the jury or at a time specified by a pretrial court order issued under Rule 1-016 of the New Mexico Rules of Civil Procedure.
- B. In an action with more than one defendant health care provider, the court shall provide for a bifurcated trial on motion of any defendant health care provider.

1	C. In the first phase of a bifurcated trial, the				
2	trier of fact shall determine:				
3	(1) liability for compensatory and exemplary				
4	damages; and				
5	(2) the amount of compensatory damages,				
6	including economic and non-economic damages.				
7	D. If liability for exemplary damages is				
8	established during the first phase of a bifurcated trial, the				
9	trier of fact shall, in the second phase of the trial,				
10	determine the amount of exemplary damages to be awarded, if				
11	any."				
12	Section 16. A new Section 41-14-16 NMSA 1978 is enacted				
13	to read:				
14	"41-14-16. [NEW MATERIAL] EXEMPLARY DAMAGES				
15	CONSIDERATIONS IN MAKING AWARD				
16	A. Before making an award of exemplary damages, the				
17	trier of fact shall review the definition of "exemplary				
18	damages" and Sections 41-14-10 through 41-14-14 NMSA 1978				
19	pertaining to awarding exemplary damages.				
20	B. The trier of fact shall determine whether to				
21	award exemplary damages and, if exemplary damages are to be				
22	awarded, the amount of exemplary damages to award."				
23	Section 17. A new Section 41-14-17 NMSA 1978 is enacted				
24	to read:				
25	"41-14-17. [NEW MATERIAL] EXEMPLARY DAMAGESEVIDENCE				
	.165651.1				

T	REQUIRED AS BASIS OF DETERMINATION OF AMOUNT OF AWARD
2	INADMISSIBLE IN PHASE ONE OF TRIAL
3	A. In determining the amount of exemplary damages,
4	the trier of fact shall consider evidence, if any, relating to:
5	(1) the enormity and nature of the wrong;
6	(2) the character of the conduct involved;
7	(3) the reprehensibility of the defendant's
8	conduct; and
9	(4) aggravating and mitigating circumstances
10	as may be shown.
11	B. Evidence that is relevant only to the amount of
12	exemplary damages that may be awarded is not admissible during
13	the first phase of a bifurcated trial."
14	Section 18. A new Section 41-14-18 NMSA 1978 is enacted
15	to read:
16	"41-14-18. [NEW MATERIAL] JURY INSTRUCTIONSIn a trial
17	to a jury, the court shall instruct the jury with regard to
18	Sections 41-14-10 through 41-14-12, 41-14-14 and 41-14-17 NMSA
19	1978."
20	Section 19. A new Section 41-14-19 NMSA 1978 is enacted
21	to read:
22	"41-14-19. [NEW MATERIAL] JUDICIAL REVIEW OF EXEMPLARY
23	DAMAGES AWARD
24	A. Except as provided in Subsection B of this
25	section, an appellate court that reviews the evidence with

respect to a finding by a trier of fact concerning liability for exemplary damages or with respect to the amount of exemplary damages awarded shall state, in a written opinion, the court's reasons for upholding or disturbing the finding or award. The written opinion shall address the evidence or lack of evidence with specificity in terms of the requirements relating to liability or exemplary damages of the Professional Medical Liability Insurance Act.

B. This section does not apply to the supreme court with respect to its consideration of an application for writ of error."

Section 20. A new Section 41-14-20 NMSA 1978 is enacted to read:

"41-14-20. [NEW MATERIAL] FINANCIAL RESPONSIBILITY.--

A. Beginning July 1, 2007, the limitations on noneconomic and exemplary damages set forth in the Professional Medical Liability Insurance Act shall apply to a health care provider that provides evidence of financial responsibility in effect for an act or omission to which that act applies in the amount of at least two hundred fifty thousand dollars (\$250,000) for each health care liability claim up to a maximum of five hundred thousand dollars (\$500,000) in the aggregate for all health care liability claims occurring in an insurance policy year, calendar year or fiscal year.

B. Evidence of financial responsibility may be .165651.1

1	established at the time of judgment by providing proof of:
2	(1) the purchase of a contract of insurance or
3	other plan of insurance authorized by this state or federal law
4	or regulation;
5	(2) the purchase of coverage from a trust
6	organized and operating under the laws of the state of New
7	Mexico;
8	(3) the purchase of coverage or another plan
9	of insurance provided by or through a risk retention group or
10	purchasing group authorized by:
11	(a) laws of New Mexico;
12	(b) the federal Product Liability Risk
13	Retention Act of 1981;
14	(c) the federal Liability Risk Retention
15	Act of 1986; or
16	(d) any other contract or arrangement
17	for transferring and distributing risk relating to legal
18	liability for damages, including cost or defense, legal costs,
19	fees and other claim expenses, including a captive insurance
20	company; or
21	(4) the maintenance of financial reserves in
22	or an irrevocable letter of credit from a federally insured
23	financial institution.
24	C. An officer, director, shareholder, member,
25	partner, manager, owner, parent, subsidiary, affiliate,
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employee, independent contractor or agent of a health care provider shall be deemed to have provided evidence of financial responsibility conforming with this section, and shall be subject to the limitations on damages set forth in the Professional Medical Liability Insurance Act, if the health care provider provides evidence of financial responsibility that complies with this section.

D. Assuming that evidence of financial responsibility is established by the time of judgment, the limitations on noneconomic and exemplary damages set forth in the Professional Medical Liability Insurance Act shall apply to health care liability claims filed on or after July 1, 2007."

Section 21. A new Section 41-14-21 NMSA 1978 is enacted to read:

"41-14-21. [NEW MATERIAL] PAYMENT FOR FUTURE LOSSES-LIMITATION OF APPLICATION TO CERTAIN CLAIMS--PERIODIC

PAYMENTS.--In an action on a health care liability claim
against a health care provider in which the present value of
the award of future damages, as determined by the court, equals
or exceeds one hundred thousand dollars (\$100,000):

A. the court shall, at the request of a defendant health care provider or claimant:

(1) order that medical, health care or custodial services be paid in whole or in part in periodic payments rather than by a lump-sum payment; and .165651.1

2	amount of periodic payments that will compensate the claimant
3	for the future damages;
4	B. the court may order that future damages other
5	than medical, health care or custodial services awarded be paid
6	in whole or in part in periodic payments rather than by a lump-
7	sum payment; and
8	C. the court shall specify in its judgment ordering
9	the payment of future damages by periodic payments the:
10	(1) recipient of the payments;
11	(2) dollar amount of the payments;
12	(3) interval between payments; and
13	(4) number of payments or the period of time
14	over which payments shall be made."
15	Section 22. A new Section 41-14-22 NMSA 1978 is enacted
16	to read:
17	"41-14-22. [NEW MATERIAL] RELEASEThe entry of an order
18	for the payment of future damages by periodic payments
19	constitutes a release of the health care liability claim filed
20	by the claimant."
21	Section 23. A new Section 41-14-23 NMSA 1978 is enacted
22	to read:
23	"41-14-23. [NEW MATERIAL] FINANCIAL RESPONSIBILITY
24	A. As a condition to authorizing periodic payments
25	of future damages, the court shall require a defendant who is
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(2) make a specific finding of the dollar

not adequately insured to provide evidence of financial responsibility in an amount adequate to ensure full payment of damages awarded by a judgment issued pursuant to a health liability claim brought pursuant to the Professional Medical Liability Insurance Act.

- B. The judgment shall provide for payments to be funded by:
- (1) an annuity contract issued by a company licensed to do business as an insurance company, including an assignment within the meaning of Section 130 of the Internal Revenue Code of 1986;
 - (2) an obligation of the United States;
- (3) applicable and collectible liability insurance from one or more qualified insurers; or
- (4) any other satisfactory form of funding approved by the court.
- C. On termination of periodic payments of future damages, the court shall order the return of the security, or as much as remains, to the defendant."
- Section 24. A new Section 41-14-24 NMSA 1978 is enacted to read:

"41-14-24. [NEW MATERIAL] DEATH OF RECIPIENT.--

A. On the death of the recipient, money damages awarded for loss of future earnings continue to be paid to the estate of the recipient of the award without reduction until .165651.1

the award is fully satisfied.

- B. Periodic payments, other than future loss of earnings, terminate on the death of the recipient.
- C. If the recipient of periodic payments dies before all payments required by the judgment are paid, the court may modify the judgment to award and apportion the unpaid damages for future loss of earnings in an appropriate manner.
- D. Following the satisfaction or termination of obligations specified in the judgment for periodic payments, any obligation of the defendant health care provider to make further payments ends and any security given reverts to the defendant."

Section 25. Section 41-2-3 NMSA 1978 (being Laws 1882, Chapter 61, Section 3, as amended) is amended to read:

"41-2-3. PERSONAL REPRESENTATIVE TO BRING ACTION-DAMAGES--DISTRIBUTION OF PROCEEDS.--Every action mentioned in
Section 41-2-1 NMSA 1978 shall be brought by and in the name of
the personal representative of the deceased person, and the
jury in every such action may give [such] damages, compensatory
and exemplary, as they deem fair and just, taking into
consideration the pecuniary injury resulting from the death to
the surviving party entitled to the judgment, or any interest
in the judgment, recovered in such action and also having
regard to the mitigating or aggravating circumstances attending
the wrongful act, neglect or default. An award of damages,
.165651.1

compensatory or exemplary, made pursuant to this section shall be in accordance with the provisions of Chapter 41, Article 5

NMSA 1978 and Chapter 41, Article 14 NMSA 1978. The proceeds of [any] a judgment obtained in [any such] an action shall not be liable for [any] a debt of the deceased; provided the decedent has left a spouse, child, father, mother, brother, sister or child or children of the deceased child, as defined in the [New Mexico] Uniform Probate Code, but shall be distributed as follows:

- A. if there is a surviving spouse and no child, then to the spouse;
- B. if there is a surviving spouse and a child or grandchild, then one-half to the surviving spouse and the remaining one-half to the children and grandchildren, the grandchildren taking by right of representation;
- C. if there is no husband or wife, but a child or grandchild, then to such child and grandchild by right of representation;
- D. if the deceased is a minor, childless and unmarried, then to the father and mother who shall have an equal interest in the judgment, or if either of them is dead, then to the survivor;
- E. if there is no father, mother, husband, wife, child or grandchild, then to a surviving brother or sister if there are any; and

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F. if there is no kindred as named in Subsections A
through E of this section, then the proceeds of the judgment
shall be disposed of in the manner authorized by law for the
disposition of the personal property of deceased persons."

Section 26. Section 57-15-10 NMSA 1978 (being Laws 1965, Chapter 79, Section 7) is amended to read:

"57-15-10. EXCEPTIONS.--Nothing in [this] Chapter 57,
Article 15 NMSA 1978 shall apply to [any]:

A. a television or sound radio broadcasting station or to [any] a publisher or printer of a newspaper, magazine or other form of printed advertising [who] that broadcasts, publishes or prints such advertisement; or

B. a health care provider as defined in the

Professional Medical Liability Insurance Act with respect to

claims for damages for personal injury or death resulting, or

allowed to result, from conduct on the part of a health care

provider."

Section 27. EFFECTIVE DATE.--The effective date of the provisions of this act is July 1, 2007.

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